REQUEST FOR PATENT FEE REFUND				
2 Serial/Patent #10/518248				
(s):	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
	1		12/16/04	\$ 100
				\$
				\$
·				\$
				\$
				\$
Disc.				\$
				\$
				\$
				\$
	7 TOTAL AMOUNT OF REFUND \$ 180			
	8 TO	BE F	REFUNDED H	BY:
<del></del>	Treasury Check			
	V	C	redit Dep	osit A/C #:
	9	0	0 6	1440
	<u> </u>		<u> </u>	
TYPED/PRINTED NAME: A JOHN SON TITLE: Paralegal				
SIGNATURE: Uffhush PHONE: 308-9140				
office: Do-ED				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
<del></del>	DATE:			
	2 Seri (s):  Disc.	2 Serial/Pate (s):  4 PAPE NUME  Disc.  7 TOT OF  8 TO  2 Serial/Pate  4 PAPE NUME  4 PAPE NUME  7 TOT OF  8 TO  9 Sover USE ONLY:	2 Serial/Patent (s):  4 PAPER NUMBER  Disc.  7 TOTAL A OF REF  8 TO BE F  9 C  *********************************	2 Serial/Patent #1 0 / 5  (s): 4 PAPER S DATE FILED    /2/6/04    Disc.   7 TOTAL AMOUNT OF REFUND  8 TO BE REFUNDED B  Treasury C  Credit Dep  9 0 4   9  PHONE: 5  PHONE: 5

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B